It does NOT get mailed to the applicant.

_NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/468469

Total Fee Calculation

·		TOULTE	Carcui.	71101	1			
	Fee Code	Total # Claims	Number Extra	X	Fce	Fes	3	_ Total
	Salt;				Sa. Eatity	Lg. Eatity		
Basic Filing Fee	201/101					690	-	-
Total Claims >20	203/103	25 .20	•	x		90	-	
Ladepeadeat Claims >3	202/102	<u>3</u> .; -		x		:	=	
Multi Dep Claim Present	204/104					130	-	
Surcharge	205/105	•						
Eaglish Translation	139							
TOTAL FEE CALCUL	NOTTA							910
Fees due upon filing t	he application	·						
Total Filing Fees Due	= S_	916)		:			
Less Filing Fees Suba	nitted - S			:	· . ·	:		÷ :
BALANCE DUE	= 5	90	10		;			:
/ U	ll					·		
Office of Initial Patent	Examination						-	•
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FORM OPE-RAM-01 (R	ev. 12/97)				=			

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
FOR		N	UMBE	R FILED		NUMBER	EXTRA		RATE	FEE	1 i	RATE	FEE
BASIC FEE									345.00	OR	,	690.00	
TOTAL CLAIMS minus 20= *				*	5		X\$ 9=		OR	X\$18=	90		
INDEPENDENT CLAIMS minus 3 = *							╽┟	X39=		1	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							╽┟			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							Ľ	+130=		OR	+260=	·) . A)	
CLAIMS AS AMENDED - PART II									TOTAL		OR	TOTAL	180
(Column 1) (Column 2) (Column 3)						. ;	SMALL ENTITY OF			OTHER THAN SMALL ENTITY			
AMENDMENT A	A	CLAIN REMAIN AFTE AMENDI	NING R		PR.	HIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	· <	~ ^	Mipus	**	SA	tore		X\$ 9=		OR	X\$18=	
AME	Independent	. /		Minus	***		= .		X39=		OR	X78=	
	FIRST PRESE	NIATION	OF ML	ILTIPLE DEF	PENDI	ENT CLAIM			+130=		OR	+260=	
								L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)									DIT. FEE	<u></u>		ADDIT. FEE	
AMENDMENT B		CLAIN REMAIN AFTE AMENDI	IING R		H N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	05.1	Minus	***		=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
TOTAL OR TOTAL ADDIT, FEE													
		(Colum				olumn 2)	(Column 3)						
AMENDMENT C		CLAIM REMAIN AFTE AMENDM	IING R	·	N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•		Minus	***		=		X39-			X78=	
	FIRST PRESE	NTATION	OF MU	LTIPLE DEP	ENDE	NT CLAIM					OFI		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													